New Jersey Department of Health and Senior Services

INSTRUCTIONS FOR COMPLETING THE HCQO-21, CY2005 AMBULATORY CARE FACILITY FINANCIAL REPORT

Column A, All visits – Report each billable visit to the licensed facility.

Column B, Gross charges – Report the amount of the gross charges before payer allowance deductions. Includes charges from all services provided within the licensed facility.

Column C, Gross receipts – Report the amount of collected revenue after payer allowance deductions. Includes receipts from all services provided within the licensed facility.

Payer Categories:

Line 1, Medicare – Report amounts and visits for Medicare Fee-for-Service and HMO patients.

Line 2, Medicaid – Report amounts and visits for Medicaid Fee-for-Service and HMO patients.

Line 3, Other Government Payer – Report amounts and visits for other government payers, such as TriCare (Champus) patients.

Line 4, Commercial – Report amounts and visits for patients with insurance from commercial payers, including fee-for-service and HMO patients.

Line 5, Self Pay - Report amounts and visits for patients with no insurance coverage who were billed by the facility.

Line 6, Others - Report amounts and visits for patients that do not fit into the above listed categories.

Voluntarily Submitted Information for Charity Care Services - Report amounts and visits for patients who received reduced or no-fee care based upon their ability to pay. Submission of this information is voluntary for the CY 2005 financial report.

If an outside consultant prepared the report, the accompanying form should be signed by the license holder in addition to the person who prepared the report. The certification section on the bottom of the report is required for submission to be considered complete.